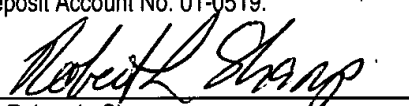


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<b>FEE AUTHORIZATION / AMENDMENT TRANSMITTAL LETTER</b>				Attorney's Docket No: A-357C		
Serial No. 09/687,993	Filing Date October 13, 2000	Examiner Hayes, Robert C.	Group Art Unit 1647			
In Re Application of SHAW-FEN SYLVIA HU						
For TRUNCATED GLIAL CELL LINE-DERIVED NEUROTROPHIC FACTOR						
TO THE COMMISSIONER FOR PATENTS:						
<input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a): <input type="checkbox"/> One month of original due date (\$110.00) <input type="checkbox"/> Two months of original due date (\$420.00) <input checked="" type="checkbox"/> Three months of original due date (\$950.00) <input type="checkbox"/> Four months of original due date (\$1,480.00) <input type="checkbox"/> Five months of original due date (\$2,010.00) <input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested: <input type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input checked="" type="checkbox"/> The response is the filing of a continuing application. <input type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. <input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:						
<b>CLAIMS AS AMENDED</b>						
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims	*	Minus	**	= 0	x \$18	= \$ 0.00
Indep. Claims	*	Minus	***	= 0	x \$86	= 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+ \$290	= 0.00
Total Additional Fee for this Amendment					\$0.00	
<p>* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.</p> <p>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.</p> <p>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.</p> <p>The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.</p> <p><input type="checkbox"/> The following other fees are incurred by the accompanying papers.</p> <p><input type="checkbox"/> Other: _____</p> <p>Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$ _____. A duplicate copy of this petition is attached.</p> <p><input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.</p>						
Please Send Future Correspondence To:				 Robert L. Sharp Attorney/Agent for Applicant(s) Registration No.: 45,609 Phone: (805) 447-5992 Date: May 25, 2004		
US Patent Operations/RLS Dept. 4300, M/S 27-4-A AMGEN INC. One Amgen Center Drive Thousand Oaks, California 91320-1799						

05/28/2004 MBELETE1 00000048 010519 09687993

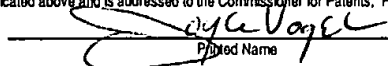
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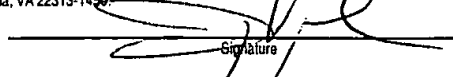
**EXPRESS MAIL CERTIFICATE**

"Express Mail" mail labeling number: EV351338626US

Date of Deposit: May 25, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

  
 Printed Name

  
 Signature